STATE OF NEW HAMPSHIRE

2016 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I None of Laborator	RUCE CRA	utorn	
II. Name of lobbyist's partnersh	ip, firm or corporation, if an	ıy:	
(Name of partners	hip, firm or corporation)	······································	
POBOX 2761	CONCORD (Town/City)	NH	03302-2761
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
()(Telephone)	()(Fax)	e-mail	
III. This statement covers: (Cho reportable expense transactions			ay file a separate report for
reportable expense transactions	WHICH AIE HOL ALLI IDULADIE L	o any one chem).	
All reportable transactions occ	^ ·		he following client:
Ffuto \$ /Rexk /	RECYCLEUS 07	P NH	
	of Client as it appears on the Lo	bbyist Registration Form)	
OR ☐ All reportable transactions by t unrelated to any particular client.	he lobbyist (including the lobb	byist's family), or the lobbyin	g firm listed below which are
IV. Date of Report April 27,		July 27, 2016 C	4
October 2	of registration to 3/31/16 27, 2016	January 25, 2017 activity from 10/1/16 to 12/3.	
V. There have been no fees re if this box is checked, complete just Concord, NH 03301.	eceived and no reportable at this form and submit it to the	transactions made since e Secretary of State's Office,	the last report. State House, Room 204,
VI. Check if additional reports a	re attached:		
\Box If you have received fees or π			
☐ If you have paid an honorariu Expense Reimbursement	m or reimbursed expenses, yo	u must file Addendum B-R	eport of Honorariums or
☐ If you, your firm, or your fam	ily has made political contribu	ations, you must file Addend	um C- Political Contributions
Sworn Statement/Affirmation b I have read RSA 15, RSA 15-B, R and complete to the best of my kn	SA 14-C and RSA 664 and he	ereby swear or affirm that the	j
(Signature of lobbyist)	utoro_	(Di	RECEIVED
(Print Name of lobbyist)	COLUMNIA DE		JAN 2 4 2018

JAN 2 4 2018

NEW HAMPSHIRE DEPARTMENT OF STATE